

## PART B—ISSUE FEE TRANSMITTAL

Complete and mail this form, together with applicable fees, to:

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Assistant Commissioner for Patents  
Washington, D.C. 20231

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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

KAMRIN T. MACKNIGHT  
MEDLEN & CARROLL  
220 MONTGOMERY STREET  
SUITE 2200  
SAN FRANCISCO CA 94101



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Marlene Garitago (Depositor's name)

Marlene Garitago (Signature)

November 23, 1999 (Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
09/022,228	02/11/98	013	FAY, Z	1614 10/21/99
First Named Applicant KAUFMAN, 35 USC 154(b) term ext. = 0 Days.				

TITLE OF INVENTION CYTOSKELETAL ACTIVE AGENTS FOR GLAUCOMA THERAPY

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1 WARF-02915	514-218.000	D22	UTILITY	NO	\$1210.00	01/21/00

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 \_\_\_\_\_  
2 MEDLEN & CARROLL, LLP  
3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  
**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE SEE ATTACHED ADDENDUM

(B) RESIDENCE: (CITY & STATE OR COUNTRY)

Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

☒ Issue Fee  
☒ Advance Order - # of Copies 10

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DEPOSIT ACCOUNT NUMBER 08-1290  
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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date)

Kamrin Macknight

11/23/99

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

**Burden Hour Statement:** This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231

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~~PAPER TO BE ENTERED~~

NOV - 4 1999

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11/30/1999 STEFERR1 00000068 09022228

01 FC:142

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